

# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
RENEW			1689716227	9/30/2009	9/30/2010
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-Compliance	10 out of 10 staff files reviewed (100%) contained documentation of background check results, documentation that the staff met the qualifications for the service provided, and evidence of current CPR and 1st Aid certification.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	The documentation of participant specific training does not include "skin integrity."	No	10/18/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	The case management file reviewed did not contain documentation of participant specific training for participants for whose plans the case manager did not write.	Yes	9/30/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	While documentation of some DDD training modules were present in 10 staff files reviewed, no file contained documentation of every module.	No	10/18/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	3 of 10 staff files reviewed did not contain evidence of current CPI training, per the provider's policy pertaining to the survey year being reviewed.	No	10/18/2009
	Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	For 13 sites reviewed, documentation of a variety of drills run on all shifts was present. For Gillette and Sheridan, when the documentation noted concerns, documentation of follow up was not consistently present.	Yes	9/30/2009

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	Emergency Drills (CARF 1.E.)	Recommendation (Focused)	Documentation for drills for Group Home #1 in Newcastle was reviewed, which showed that only one drill was documented for the past year.	Yes	9/30/2009
	Emergency Procedures during Transportation (CARF 1.E.)	In-Compliance	5 of 5 vehicles reviewed across all three sites (100%), had emergency procedures available during transport.	No	
	Internal Inspections (CARF 1.E.)	Recommendation (Systemic)	Documentation of internal inspections was present for the 13 sites reviewed. Frequency of internal inspections met applicable standards. 8 of 13 sites had documentation of follow up on concerns when concerns were noted.	Yes	9/30/2009
	External Inspections (CARF 1.E.)	In-Compliance	Documentation of annual external inspections was present for the 13 service locations reviewed, including documentation of follow up when needed.	No	
	Progress made on prior DDD Survey recommendations	In-Compliance	With the exception of the issues readdressed in this survey, the provider has made substantial progress on recommendations from the previous survey.	No	
	Progress made on prior CARF Survey recommendations	Not Reviewed	Per provider request, the most recent CARF report was not reviewed.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-Compliance	The policy and procedure was reviewed and met applicable standards.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-Compliance	8 of 8 staff interviewed (100%) at the Newcastle and Gillette sites were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	2 of 7 staff interviewed (28%) at the Sheridan site were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	Yes	9/30/2009
	Complaint and Grievance (CARF 1.D.)	In-Compliance	The policy and procedure was reviewed and met applicable standards. The provider reports no complaints or grievances filed during the past year.	No	

**Survey/Certification Staff Name:** Denise Murphy, Program Integrity QMRP

**Date:** 9/15/2009

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	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-Compliance	The policy and procedure was reviewed and met applicable standards.	No	
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-Compliance	13 of 15 staff interviewed (87%) were able to demonstrate functional knowledge of participant rights and rights restrictions.	No	
	Behavior Plans (Chapter 45, Section 29)	In-Compliance	4 Positive Behavior Support Plans were reviewed, and all met the applicable requirements.	No	
	Restraint standards (Chapter 45, Section 28)	Commendation	The policy and procedure and tracking process was reviewed and met applicable standards. It is noted that the provider has adopted the philosophy of a restraint-free environment, as reflected in the current policy.	No	
	Transportation Requirements (CARF 1.E.9)	In-Compliance	5 vehicles were reviewed across all service locations, and all met current requirements.	No	
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-Compliance	10 participant files were reviewed, and through a review of provider documentation, observation, and interview, each plan of care was implemented as approved by the waiver.	No	
	Releases of Information (CARF 2.B.)	Recommendation (Focused)	9 applicable participant files were reviewed all of which contained releases of information which met applicable standards, with the exception that Participant #1's releases used during the past year did not include purpose of release.	No	10/18/2009
	Emergency Information (CARF 2.B.)	In-Compliance	10 participant files were reviewed, all of which contained current and thorough emergency information.	No	

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	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-Compliance	9 of 10 participant files reviewed included documentation of tracking of progress made on objectives, as required per Chapter 45, Section 11.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF	10 participant files were reviewed, including documentation of service provision and billing for at least one service area in each file. The documentation and billing reviewed met the documentation standards with the exception of the following: Two different forms were used for Participant 1's Speech Therapy documentation; one did not include signatures and the other did not include IPC date and location of service.	No	
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Focused)	9 applicable files were reviewed, and each met the standards for monthly/quarterly documentation with the exception of the following: There was not a quarterly review for Participants 1 and 2.	No	10/18/2009
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	9 applicable files were reviewed, and each included required documentation of team meetings.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Focused)	4 of 9 files reviewed did not meet the minimum requirements for tracking of objectives.	No	10/18/2009
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	For 9 applicable files reviewed, documentation indicated monitoring implementation of the plan of care as required. The provider is reminded to implement the use of required monthly/quarterly forms, beginning in July 2009.	No	

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	8 residential sites were visited, and all showed evidence of maintaining a healthy and safe environment with the exception of the following: In Group Home #2, an unsecured oxygen tank was found; in Group Home #3, as reported by staff and participants, the egress methods taught for exiting from the second floor bedroom windows included questionable techniques; in Group Home #4, mold was found above the window in the northwest bathroom; in Group Home #5, a metal bench impedes safe egress from the patio.	Yes	9/30/2009
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-Compliance	With the exception of where otherwise noted in this report, the provider is meeting these standards.	No	
	The organization meets the standards in Chapter 45, section 23)	In-Compliance	With the exception of where otherwise noted in this report, the provider is meeting these standards	No	
Day Habilitation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-Compliance	The organization meets the standards, as evidenced by documentation review and service observation.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-Compliance	The organization meets the standards, as evidenced by documentation review and service observation.	No	

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	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	Through documentation review and service observation, the provider showed evidence of maintaining a healthy and safe environment with the exception of the following: a fire extinguisher in Sheridan was not tagged with date of service and according to the gauge, was under-pressurized.	Yes	9/30/2009
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-Compliance	Through service observation, documentation, and participant interview, it was evident that participants are engaging in a variety of creative, purposeful, and objective-driven activities.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-Compliance	Respite, Residential Habilitation Training, and Skilled Nursing service locations were observed, and with the exception of where otherwise noted in this report, a healthy and safe environment was maintained.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-Compliance	Through observation and/or documentation review, the provider is meeting the standards for Respite, Residential Habilitation Training, and Skilled Nursing services.	No	

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